



**ICEA Executive Committee
Minutes
January 9, 2008**

Members Present: LauraBelle Sherman-Proehl, Jeff Anderson (for Mary Nelson), Jane Borst, Kelly Hancock, Troy McCarthy, Carrie Sodders, Mary Stevens,

Excused: Carolyn Nelson, Mary Nelson, Brian Wilkes

Staff: Julie Curry, Barb Khal, Marion Kresse, Kelly Schulte, Lisa Sharp, Susan White

Guests: Pam Alger (Department of Human Services), Laura Larkin (DHS), Sonni Vierling (Iowa Department of Public Health)

DESCRIPTION

Troy McCarthy called the meeting to order and introductions were made.

Approval of October Minutes:

There was a motion for approval of the October 10, 2007 minutes. Minutes of the October 10, 2007 Executive Committee meeting were approved as submitted.

Introduction:

Pam Alger, is the Director for the Division of Mental Health Disabilities/Child Welfare in the Department of Human Services. She is working to provide early identification of mental illness in children and to provide consultation and mental health services in schools. Their Division has currently requested \$3,000,000 from the Legislature to assist in this progress. Code and policy changes are foreseeable.

Lead Agency & Signatory Update:

Medicaid: There are new interim Medicaid rules federally, effective early March 2008. A major change is in targeted case management. There now can be only one case manager/service coordinator that can bill Medicaid per each child. Families may choose the overall manager. Sally Nadolsky, from DHS, said the implication would affect how to bill for Early ACCESS Service Coordinators because activities specific to another program, such as IFSP meeting arrangements, cannot be billed to Medicaid. It could be that the new federal Interim Rule changes Part C which become effective in March will have significant implications for EA service coordination. There will be a number of meetings hosted by DHS with partnering agencies scheduled to clarify changes, discuss implications and identify needed actions.

Overview of Three Levels of Surveillance-1st Five:

Sonni Vierling, Healthy Mental Development Coordinator, shared with the Council guidelines for identification of Developmental, Social, Emotional, and Behavioral concerns in children from birth to age five. There are three levels of services;

Level 1: Preventive Health Care for All Children

Level 2: Developmental Health Care and Screening for Children at Risk

Level 3: Evaluation, Diagnosis, and Treatment for Children with Developmental Social, Emotional, or Behavioral Concerns

The core purpose of 1st Five is to build partnerships between physician practices and public service providers to enhance high quality well-child care. Their approach is that the primary care provider screens for social/emotional development, family stress and parental depression. If a condition is identified, provider refers to their local child health agency coordinator, who links the child and family to intervention services and the care coordinator follows up with provider regarding the status of the referral.

Sonni distributed handouts of the guidelines and a map indicating the Primary Care practice Sites in Iowa, and Iowa's Healthy Mental Development Initiative. Currently, there are demonstration grants implementing First Five before going statewide.

Policy Discussion:

LauraBelle and Julie Curry informed the Executive Committee that the Part C Budget is due to the Office of Special Education Programs (OSEP) in April 2008. They asked the Committee for input about the proposed budget. A total of \$10,000 has been decreased in the FFY 2008 (2008-2009) budget. They shared a budget handout with descriptions of "Use of Part C Funds for the Lead and Other Agencies". The State Application and budget will be posted for public comment Friday, February 22nd for sixty days. An easy to use web tool will enable Council members and the public to review the application and make comments for the Lead Agency to consider. A newspaper notice and emails will inform key stakeholder groups of the website and opportunity to comment.

Central Point of Contact & Directory:

Kelly Schulte shared with the Executive Committee that the Central Point of Contact & Directory Contract was awarded to Visiting Nurse Services (VNS) of Polk County. VNS will open the website, answer calls and be the central point of contact for referrals to Part C on February 1. The number is 1-888-IAKIDS1 (1-888-425-4371) and the website address is www.EarlyACCESSIowa.org. The number and website remains Early ACCESS even when the contract is up for renewal. The previous contractor, Iowa COMPASS, agreed to assist in transferring callers January through April in order to assure a smooth transition.

Public Policy Committee:

The Day on the Hill is on Thursday, February 14. A handout will be developed to share with the Legislators how last year state funding from the Legislature has supported the Early ACCESS system and how it has impacted families. Examples could be taken from the recent Report to the Governor or Family Stories could be compiled and presented.

Priority Work of the Council:

This is a continuation of a Council discussion on November 16, 2007. A handout was distributed indicating areas of concern the Council members would like to focus on in the next year. Service Coordination was voted as the top concern to focus on in the coming year. Further discussion time will be needed at both the Executive Committee meetings and at the Council meetings to develop plans and ideas addressing about how to improve service coordination.

Closing/Adjourn: Troy entertained a motion to adjourn. The motion carried and meeting adjourned.



Early ACCESS Executive Council
Priority Setting Planning for 2007-08

1. Reflect on your personal priorities for the Early ACCESS System (as Executive Member) in 2007-08.
 - Prevention maintenance
 - Why wait until a delay occurs
 - Family Centered Services (Having facilities communicate their needs)
 - Service Coordination
 - What are families needs; linked to communities resources; aligned with appropriate service coordination
 - Create system of referrals, assessment and treatment cost effective that improves lives of children and families-need data and referral follow-up
 - How do gap analysis of assessment from physician or healthcare with consistent provider; Access statewide identification of children specific populations, CAPTA, Foster Care, Homeless
 - Create decision making process indicator relates to budget, policy and implementation
 - Advocacy-Developing funding
 - Data by race ethnicity and equitable